

Reviewed by: \_\_\_\_\_

Approved by: \_\_\_\_\_

QPR: \_\_\_\_\_ Date: \_\_\_\_\_

PV 650 JG 0000 \_\_\_\_\_ Vendor # \_\_\_\_\_

101 650 0000 4708 \_\_\_\_\_ Job # \_\_\_\_\_ \$ \_\_\_\_\_

101 650 0000 4708 \_\_\_\_\_ Job # \_\_\_\_\_ \$ \_\_\_\_\_

101 650 0000 4708 \_\_\_\_\_ Job # \_\_\_\_\_ \$ \_\_\_\_\_

101 650 0000 4708 \_\_\_\_\_ Job # \_\_\_\_\_ \$ \_\_\_\_\_

Approvals \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

Pend 3 \_\_\_\_\_ Date \_\_\_\_\_

Pend 4 \_\_\_\_\_ Date \_\_\_\_\_

Warrant # \_\_\_\_\_ Warrant Date \_\_\_\_\_

R1 Date \_\_\_\_\_

OCJA USE ONLY ABOVE LINE

Office of Criminal Justice Assistance  
**Nevada Department of Public Safety**  
 MONTHLY FINANCIAL REPORT

Subgrantee:	Project No:	Report No:
Address:	Reporting Period	
Project Title:	From	To

**STATUS OF FUNDS**

1. Total expenditures previously reported	_____
2. Total expenditures this period	_____
3. Credits this period	_____
4. Expenditures this reporting period (line 2-3)	_____
5. Total expenditures to date (line 1 + 4)	_____
6. Less non-federal share of expenditures (match)	_____
7. Federal share of expenditures (line 5-6)	_____
8. Total federal funds authorized	_____
9. Unobligated balance of federal funds (line 8-7)	_____

**BUDGET SUMMARY**

Category	Budgeted Amounts	Previously Reported	Current Period Expenditures	Total Reported	Total Remaining
Personnel					
Consultants/Contracts					
Travel / Training					
Supplies/Operating					
Confidential/Buy Funds					
Equipment					
Overmatch					

**Total Federal funds requested on this claim** \$ \_\_\_\_\_

I certify that to the best of my knowledge and belief, this report is correct and complete and that all expenditures and unpaid obligations are for the purposes set forth under the terms of the approved project.

Signature of Authorized Subgrantee Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_